#

# STANDING ORDER MANDATE

**Please return to: Membership Department (Stephanie Hough)**

 **Royal College of Physicians, 9 Queen Street, Edinburgh, EH2 1JQ**

 **for forwarding to your bank.**

**To:**

|  |  |
| --- | --- |
| **Bank** |  |
| **Branch** |  |
| **Postal Address** |  |
| **Bank Sort Code** |  |
| **Account Number** |  |

|  |  |
| --- | --- |
| **Member’s Name** |  |

|  |  |
| --- | --- |
| **PLEASE COMPLETE****Payment Reference \*** |  |

\*(This will appear on our bank statement allowing us to link you with your payment –

 we therefore suggest you use your surname and initials)

|  |  |  |  |
| --- | --- | --- | --- |
| Please Pay | **Royal Bank of Scotland** | **Biggar Branch** | **83-16-11** |
| **For the credit of** | **Scottish Society for Rheumatology** | **Account No 00225381** |
| **The sum of\*** | **£15****£30** | **Fifteen pounds only****Thirty pounds only** | **ANNUALLY** |
| **PLEASE COMPLETE** **COMMENCING: 1st  …………………………………………………………..**  **(MONTH) (YEAR)** **OR AS SOON AS POSSIBLEAFTER THIS DATE** **AND THEN ANNUALLY THEREAFTER until further notice in writing debit my/our account accordingly** |

***\*****delete as appropriate (£30 for consultants, £15 for all other positions)*

#### **Signature Date \_\_\_\_\_\_\_**

##### IMPORTANT NOTES - please return this form to the Royal College of Physicians (address above) for forwarding to your bank

#####  - please cancel all previous standing order mandates

 **- please keep a copy of this form**

 **- if you terminate your membership, it is your**

 **responsibility to cancel this mandate**